



**CHILD SURVIVAL PROJECTS
IN
BOLIVIA AND BANGLADESH
from 1985-1997**

WHAT'S LEFT AFTER ALL THESE YEARS?

Post-Grant Sustainability Study
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ACRONYMS

APROSAR	-	Asociación de Promotores de Salud del Area Rural
ARI	-	Acute respiratory infection
BHR	-	Bureau for Humanitarian Relief
CARE	-	Cooperative for Assistance and Relief Everywhere, Inc.
CHW	-	Community health worker
CS	-	Child Survival
DIP	-	Detailed implementation plan
KAP	-	Knowledge, attitude, practice
KPC	-	Knowledge, practice, and coverage
LQAS	-	Lot Quality Assurance Sampling
MOH	-	Ministry of Health
NGO	-	Non-governmental Organization
PCI	-	Project Concern International
PHC	-	Primary Health Care
PROCOSI	-	Programa de Coordinación en Salud Integral
PVC	-	Private Voluntary Cooperation
PVO	-	Private Voluntary Organization
ORT	-	Oral rehydration therapy
The CORE Group	-	The Child Survival Collaborations and Resources Group
TBA	-	Traditional birth attendant
TT	-	Tetanus toxoid
USAID	-	United States Agency for International Development

EXECUTIVE SUMMARY

The Bureau of Humanitarian Relief, Office of Private and Voluntary Cooperation, (BHR/PVC) of the United States Agency for International Development (USAID) committed itself to a field review of post-grant sustainability once during the life of the PVC Strategic Plan (1996-2000). In February-March, 2000, a consultant was contracted to do an exploratory study of the sustainability of Child Survival Grants in two countries: Bangladesh and Bolivia. The study consisted of a review of available grant documents; interviews with current and former staff of each PVO and NGO partner and with government officials; and visits to the former working areas of three PVOs/NGOs with more recently-completed grants. The 32 grants included in the study were administered by 13 U.S. registered PVOs along with partners and community groups.

Interviews focused upon four aspects of sustainability: financial/service delivery; technical and managerial; community; and benefit/impact. Results are reported separately for each of these aspects of sustainability.

The sustainability of Child Survival projects reviewed in both countries was found to be strong, with many project activities continuing, even as long as ten years after PVC funding had ceased. The capacity built through the Child Survival process resulted in PVOs beginning activities in new countries, a new NGO being created, and strengthened monitoring and evaluation and other activities within both PVOs receiving grants and other PVOs/NGOs throughout the two countries. In addition, lessons learned became institutionalized as part of national policies and strategies within each country's Ministry of Health (MOH). Community organizations continued to meet and volunteer health workers continued to work in the former project areas of six of the 13 PVOs/NGOs. Some PVOs demonstrated, by means of community surveys, sustained impact in communities from two to more than four years after PVO-initiated activities had been discontinued. National policies and the relative stability and economic development of the country were found to affect the pattern of sustainability in each country with more organizations continuing service delivery after PVC funding ended in Bangladesh and stronger examples of increased technical and managerial capacity in Bolivia. Through the PROCOSI (Programa de Coordinación en Salud Integral) Network, PVOs/NGOs were better able to disseminate lessons learned to non-grant recipients and to the MOH.

This report describes how some organizations were able to demonstrate the continued impact of their programs and suggests ways which PVC may explore to better institutionalize the measurement of sustainability within the grants program.

1. INTRODUCTION

1.1 Background and Purpose

The United States Agency for International Development (USAID) Bureau of Humanitarian Relief, Office of Private and Voluntary Cooperation (BHR/PVC) committed itself to a field review of post-grant sustainability once during the life of the PVC Strategic Plan (1996-2000). In February-March, 2000, a consultant was contracted to do an exploratory study of the sustainability of Child Survival Grants in two countries: Bangladesh and Bolivia. The detailed background and purpose of the study are included in Appendix C.

It is hoped that this review of the experience with 32 grants in two countries in separate regions will provide a good indication of whether Child Survival programs are having a lasting influence on child and maternal health as well as suggest ways in which sustainability and the monitoring of sustainability can be more institutionalized within the Child Survival Grants system.

1.2 Methodology

A total of 32 grants were included in the study. These grants were administered by 13 U.S. registered PVOs along with partners and community groups. The grants reviewed, along with the PVO/NGO administering these grants, are listed in Appendix D.

The exploratory study included interviews with current and former staff of PVOs and their NGO partners in Bolivia and Bangladesh that had received child survival funds through the PVC Child Survival Grant program at any time since the program began in 1985 and whose grant funds had ended by 1997. In almost all cases, at least two staff from PVOs/NGOs were interviewed, either together or separately, up to a maximum of seven for one PVO. Interviews were also conducted with government officials in each country, representatives from PROCOSI and the USAID Mission, and with community members and health care workers during site visits to the former working area of three projects. In some cases, representatives of PVOs that had moved into the former working areas of PVOs/NGOs that had had Child Survival Grants were also interviewed regarding the knowledge and community structures in place when they entered.

The consultant developed an interview guide in conjunction with representatives of USAID, Macro International, and The CORE Group. She conducted the interviews in English or Spanish and took and transcribed detailed notes. Interviews focused on each organization's last Child Survival Grant. Each interviewee was told that individual PVOs/NGOs would not be linked with any information given in the final report without permission. (Both field and headquarters staff have given permission to identify the PVOs/NGOs identified in the case studies in Appendix A.) Although the interviews were qualitative, results were tabulated by whether activities had been continued, proportion of government funding when the last grant ended and at the time of interview, whether planning/monitoring system continued, extent to which community structures remained,

the effect of loss of funding, cost recovery, replication of project activities, measures of continued impact on knowledge or behavior in the communities, and whether the PVO/NGO began activities in the country using the Child Survival Grant mechanism.

The consultant reviewed the sustainability sections of available project documents, generally the detailed implementation plan (DIP), mid-term evaluation, and final evaluation, written after 1991 as well as some older project documents and some evaluation documents from follow-on projects. In all, documents were reviewed for 15 of the 32 grants, as indicated in Appendix D. Documents not reviewed were in most cases older documents for grants that had been extended.

Site visits of one-half day each were made to the former working areas of two PVOs and one NGO that had worked in easily accessible urban or peri-urban areas. These organizations were selected for site visits purely on the basis of accessibility given the limited time available in each country. Activities were continuing in two of these three areas and had ceased in one area in 1997. During each visit, the consultant visited clinics and talked to clinic staff, MOH staff, community members, and in two areas community leaders as well.

Interviews were also held with two PVOs and local NGO partners that had administered five grants for which PVC funding had been extended. Documents were reviewed for three of these grants. As these organizations were found to have not discontinued services in any of their working areas under the grant extensions, the grants were excluded from analysis. (Both organizations had older grants where services had been discontinued. These grants were included as were both organizations as a whole.)

The number of organizations and grants that had ended by 1997 and were included in the study can be described as follows:

Country	# PVOs/NGOs			# Grants
	# U.S. Registered PVOs	# U.S. Registered PVOs with # NGO Partner	Total #	
Bolivia	5	2	7	19
Bangladesh	5	1	6	13
Total	10	3	13	32

Note: One of the two NGOs had been a country office of a U.S.-based PVO when its Child Survival Grant began but had become an independent NGO subsequently.

After the fieldwork was completed, preliminary findings were shared and discussed at a Sustainability Dialogue held at Macro International in Calverton, Maryland on March 20, 2000.

The methodology employed was selected to allow the study to be done in a short time period (less than a month) at minimal expense and without requiring the PVOs/NGOs

involved to incur costs or to expend major effort. In the majority of cases, less than four hours total staff time were required from each PVO/NGO to participate in interviews and provide additional documents. Time required from the three PVOs/NGOs that arranged site visits was no more than one and a half person-days for each.

There were limitations to this method. The information available from each organization varied greatly. Three of the PVOs in Bolivia and one in Bangladesh had collected some type of quantitative data, generally data from a knowledge, practice, and coverage (KPC) survey, in order to measure the sustainability of impact in the community two to four years after most project activities had been discontinued. Similarly, staff of some organizations with project activities which continued in the same or a nearby area with alternative funding, could give very detailed information on community structures and activities on-going two years after PVC funding had ended. Representatives from other organizations knew very little about what had happened in the former project area after they had actually pulled out. For Child Survival I projects, it was sometimes difficult to locate staff who had worked on the project. Yet, some of the most interesting examples of Technical and Managerial Sustainability came from the early projects. Staff often had to be interviewed at several levels. Program managers often did not know, for example, the impact that losing funding from PVC may have had upon the entire organization or the level of funding that was from the U.S. federal government. This type of information had to be collected from PVO directors. New directors usually did not have this information available in the field office either. Directors, on the other hand, often did not know what was left of program activities or community structures after PVC funding had ended. This information had to be obtained from program managers or sometimes field area managers.

2. TYPES OF SUSTAINABILITY

As there are widely differing opinions regarding definitions of sustainability, the exploratory study considered the concept broadly. Interviews focused upon questions related to sustainability that can be logically divided into the following four categories:

- **Financial/Service Delivery:** Did services continue when PVC funding ended? Was the PVO/NGO able to obtain funding from another source to continue project activities? Has the PVO/NGO been able to shift funding from the U.S. federal government to the host government, other international donors, or private donors? Has there been any significant cost recovery?
- **Technical/Managerial:** Have PVOs/NGOs continued to use technical approaches learned under the Child Survival Grant program? Did the PVO/NGO develop innovative strategies? Have new networks been developed to technically strengthen child survival activities? Have PVOs/NGOs without Child Survival Grants learned from those organizations with grants? Has national or local government implemented/adapted lessons learned from Child Survival projects? Did the organization grow as a whole as a result of its participation in the Child Survival Grant Program?
- **Community:** Have the community structures created or reinforced under the Child Survival Grant Program continued to function? Are community organizations active under the PVC-funded grant continuing to meet? Are community health workers (CHWs) continuing to work?
- **Benefit/Impact:** Has increased/improved knowledge in the community been sustained resulting in continued demand for services, better home care for ailing family members, and/or more effective preventive behaviors? Have end-of-project levels of coverage for vaccination and other interventions been maintained?

While most of the programs reviewed had some degree of sustainability in each of the categories, the relative importance of each varied. The projects reviewed had very different designs, interventions, and working environments.

3. COUNTRY CONTEXT

The country context greatly affects sustainability. The sustainability of projects implemented in stable, developing countries will be very different than the sustainability of projects in countries where civil war has begun or intensified or where a natural disaster has resulted in the sustained migration of a large portion of the population. Similarly, sustainability in Bangladesh and Bolivia are not alike, although no natural disasters or civil unrest were reported to have affected implementation in the project areas/former project areas with one exception. Government policies and economic conditions within each country did affect sustainability differentially.

The country context also affected the types of sustainability that were strongest. Financial/service delivery sustainability was stronger in Bangladesh with many grant recipients being able to continue project activities with private funding after their Child Survival Grant ended. PVOs/NGOs in Bolivia were much more likely to either discontinue service delivery or to continue services with another source of U.S. federal government funding (PROCOSI or Title II). In Bolivia, technical/managerial sustainability was stronger with concrete examples of lessons learned becoming a part of the national MOH strategies and shared with other organizations through the PROCOSI Network, with PVOs using the Child Survival Grant mechanism to begin work in the country for the first time, and with new NGOs being created.

3.1 Bangladesh

In Bangladesh, the absolute level of poverty was a barrier to sustainability. Poverty greatly limited the ability of organizations to charge user fees. On the other hand, unemployed community members, especially in rural areas, were motivated by very small economic incentives to perform the duties of a CHW. CHW turnover was very low. An NGO with a child survival project in a rural area reported only 4 percent turnover of CHWs each year. There were 104 CHWs and 104 traditional birth attendants (TBAs) working when PVC funding ended two years ago; there are now 104 CHWs and 104 TBAs working two years after funding ended, with very few replaced.

In Bangladesh, decisions on technical matters, as well as funding, are made at the central level, although recent commitments have been made by the government to move toward less centralization under the current World Bank's five year project. This results in greater bureaucracy and less flexibility when PVOs/NGOs coordinate with government at the local level. PVOs/NGOs often found support from the MOH at the national level to be important in gaining cooperation at the local level.

Although there are many vacant posts, MOH staff are more stable in Bangladesh than in Bolivia. One PVO representative said that MOH staff remained in the remote rural area where they worked for an average of three years. PVOs/NGOs with staff who did develop good working relationships with MOH staff at the district or thana (sub-district) levels often maintained these relationships over the long term. Such long-term relationships contributed to greater sustainability.

None of the PVOs/NGOs in Bangladesh included in the study was able to continue project activities with local USAID Mission funding when PVC funding ended.

3.2 Bolivia

Due to better overall socioeconomic conditions in Bolivia, the ability of community members to pay user fees, except in very remote rural areas, was greater than in Bangladesh. Government policy, however, was not supportive of charging user fees for maternal health services or for services to children under five. The communities did contribute building materials and labor for clinic construction in some cases. CHW turnover, especially in peri-urban areas, was relatively higher due to greater opportunities for paid employment. A project in a peri-urban area reported that CHWs, on the average, remained only eight months. Many left to pursue training, at their own expense, for a paid position as a nurse or hospital technician. Three of the paid health care professionals at the NGO's clinic were former volunteers who paid for their own advanced training.

A change in legislation, which resulted in rapid decentralization of the MOH in Bolivia, greatly enhanced sustainability. The Law of Popular Participation, enacted in 1994, provides for decentralized decision-making for health systems with local municipal health boards taking an active role in funding allocation. This has resulted in a number of municipal governments contributing financially to health projects administered by PVOs/NGOs in their working area. PVOs/NGOs, in turn, have become more accountable to the municipal health boards for the services provided.

High turnover of government staff was a significant barrier to sustainability in Bolivia mentioned by almost everyone interviewed. Often times, PVO/NGO staff would develop agreements with local MOH staff to support CHWs or other activities only to have staff change and the new staff refuse to honor agreements made by the former staff. The problem was even more acute when staff changes were made from the national level on down after a change in national administration.

PROCOSI, established in 1988, is a network of PVOs/NGOs working in health in Bolivia. PROCOSI has as its goal institutionally strengthening its 24 member organizations. It also channels USAID Mission funding to members in the form of sub-grants. PROCOSI has affected the sustainability of activities by giving sub-grants to PVOs/NGOs at the end of PVC funding to continue activities as well as by providing opportunities for PVC grant recipients to share technical knowledge and lessons learned with non-grant recipients. Two PVOs and one NGO were able to continue for an additional two years or more some project activities began under a PVC Child Survival Grant with a PROCOSI sub-grant.

4. SUSTAINABILITY OF CHILD SURVIVAL PROJECTS

This section summarizes the information collected with regard to four types of sustainability as well as giving examples of each from the two countries studied. Appendix 2 contains more detailed case studies, one from each country, of successful sustainable projects.

4.1 Financial/Service Delivery Sustainability

Financial sustainability and continued service delivery was relatively strong in Bangladesh. Of the four PVOs/NGOs in Bangladesh that had directly delivered services under their completed Child Survival Grants, three have continued most child survival services with private funds, and one has continued activities in half its former working area with private funds. The one PVO that chose not to continue activities in half its working area did not feel that funding would have been a constraint had it wanted to continue. (It was changing its strategy from direct service delivery to capacity building of local NGOs.) Two of the four organizations that continued services used child sponsorship funds to continue services; one used funds from U.S.-based churches; and one obtained funding from its headquarters but did not know the type of funding. (The other two PVOs included in the study in Bangladesh had provided technical assistance to the government but had provided no services of their own. The government continued project activities in both cases.)

Service delivery was far less likely to be sustained in Bolivia. Of seven PVOs in Bolivia with Child Survival Grants that have ended, two continued some activities in the former project area of their most recent grant for about two years each; and only two have continued some activities to-date. Three of these obtained funding from PROCOSI for a follow-on project, and only one used private sponsorship funds to continue. One PVO obtained funding for some activities under its former Child Survival Grant from an USAID Title II grant.

Of the three organizations in Bolivia that did not continue service delivery in the service area of their PVC grants, child survival activities were greatly expanded in the former working area of one PVO by other service providers using multi-lateral and European funding, and some child survival activities were continued or reintroduced in the working areas of the other two PVOs provided by other PVOs/NGOs and government. However, there was no planned phase-out, which turned over activities to these other services providers.

PVOs/NGOs were asked how the ending of PVC funding affected the organization, other development activities in the area, and beneficiaries. Overwhelmingly, those interviewed said that the effects of losing funding were not that great upon the organization as a whole. Many were able to find other sources of funding, frequently for projects in other sectors, and cited their experience with the Child Survival Grant process as helping them to obtain alternative funding. None of the PVOs with activities in multiple sectors felt that the ending of Child Survival funds adversely affected activities in any other sector.

In only one case did the loss of PVC funding seriously decrease the ability of one NGO to function for a time. It was forced to discontinue most services for two years until another funding source could be found. The affect of the loss of funding upon beneficiaries is more difficult to determine. Where PVOs/NGOs were unable to continue services in needy areas, however, other PVOs/NGOs entered.

Of the eight PVOs/NGOs whose grants were reviewed in Bolivia, at least three are now less dependent upon USAID for funding than when their PVC grant ended. In Bangladesh, three of the six PVOs are less depended upon USAID. However, data were not available in the field to determine dependency upon USAID for some organizations. New directors did not know types of funding sources for past years. Information upon the degree to which PVOs/NGOs are dependent upon USAID for funding overall was also not found to be very meaningful. The proportion of USAID funding received by PVOs was largely determined by whether or not they had a Title II grant at the same time of their Child Survival Grant. In the majority of cases, the PVC grant was a small part of the organization's total funding.

There was little significant cost recovery for any completed grant in Bolivia through user fees. Government policy does not support cost recovery for maternal or child health services. (One NGO partner in Bolivia did report 30 percent recovery of recurrent costs on an on-going Child Survival Grant.) In Bangladesh, three of the four organizations providing direct services reported from 3, 11, and 40 percent recovery of recurrent costs, respectively. Only one NGO providing direct services did not have a cost recovery policy. This NGO serves a rural area and is now largely supported by private church funds.

4.2 Technical and Managerial Sustainability

Examples of technical and managerial sustainability abounded. PVO/NGO recipients of Child Survival Grants were greatly strengthened, as were other organizations in the country and the host country MOHs. Again, the country context affected the pattern of technical and managerial sustainability. In Bolivia, the USAID-funded PROCOSI network in Bolivia has helped to share lessons-learned from the Child Survival Grants program to both recipients and non-recipients of Child Survival Grants and has helped the government extensively in developing and adapting training and health education materials for acute respiratory infections (ARIs), diarrheal diseases, and immunization that are used by health workers at the national and local levels.

The strongest examples of how PVOs/NGOs have been strengthened are in Bolivia. Three organizations used the Child Survival Grant mechanism to begin work in the country for the first time. All three have remained and expanded their programs. (All PVOs/NGOs in Bangladesh were already established in the country before beginning their first Child Survival Grant.) One PVO in Bolivia assisted its volunteer CHWs first to begin a CHW association and later to begin a new NGO. The NGO, now directed by a former volunteer, secured funding from PROCOSI for activities in reproductive health and tuberculosis control and funding from the Government of Japan to build a clinic and

training center that is now operating. (See the case study in Appendix A.) Thus, four organizations are now serving in Bolivia that probably would not be there had it not been for the Child Survival Grant mechanism.

Some PVOs/NGOs shared lessons-learned throughout the region or in other regions of the world. One Regional Director was interviewed in the study. The PVO, which he represented, began its first child survival project in the Asia Region in 1988 with a grant from PVC in Bangladesh. Since then, it has had four more child survival projects in Bangladesh funded by donors other than USAID and more than three dozen child survival projects in the Asia Region. All but one of the projects in the region has continued most activities to-date.

Technically, all interviewed felt that they had gained by the technical assistance provided through PVC contractors and by their headquarters. Organizations were able to stay on the cutting edge of "best practices" in child survival interventions. Many of the organizations continued to develop implementation plans, use participatory training techniques, conduct evaluations, and conduct 30-cluster surveys after learning these techniques during an early Child Survival Grant, although it was impossible to attribute the use of these general project management techniques to the Child Survival Grant mechanism *per se*.

One of the first management tools of the projects to be discontinued or modified after PVC funded ended was in most cases the information system. The elaborate information systems developed under the Child Survival Grants appear to have been donor-driven without strong local commitment. Although some type of information system was in place for all projects continuing activities after PVC funding ended, most were greatly simplified. Several interviewed said that they would like to maintain a more complete information system, but there was now no budget allocation for it. Project objectives reviewed by the consultant were not always capable of being measured in follow-on, and some projects maintained nothing more than "counts" of activities completed. Data collected from both less useful and less frequently used for decision making.

Sometimes the expertise developed in technical and managerial areas did not remain with the original PVO which had had a Child Survival Grant. Some organizations found that they could not maintain the same salaries after PVC funding ended. Experienced staff, therefore, moved to other PVOs or to contracting firms that could pay higher salaries. One PVO interviewed largely closed down its original child survival project and began a new one in the same geographic area with new staff. The new staff knew very little about the program as it had been conducted with PVC funding. The very experienced staff that had worked on the Child Survival Grant were distributed throughout other projects and organizations. They were all applying their years of experience in their new jobs, but lessons learned were lost to the original project area.

Many PVOs/NGOs have integrated child survival activities into projects in sectors other than health, such as food security, education, water and sanitation, and micro-credit. One Bolivian PVO was able to learn a systematic approach to combining water and sanitation

with child survival services through its Child Survival Grant. Since its Child Survival Grant, the PVO has had seven more water and sanitation projects and has incorporated some child survival interventions into each.

PVOs/NGOs developed linkages and relationships with U.S.-based technical assistance organizations, many of which have continued to date. For example, one local NGO, which no longer has U.S. government funding, has hired a consultant who previously conducted an evaluation of the organization's PVC-funded project, to conduct a baseline in a new project area. The organization frequently brings in expatriate consultants for technical assistance of various types with the help of its PVO partner.

Host country governments were strengthened in both countries. Thousands of government workers in both Bolivia and Bangladesh have received training conducted by PVOs/NGOs in both curative and preventive health care and in management. In the process, these workers learned participatory training strategies and supportive supervisory techniques in addition to better health care delivery. Many interviewed gave very specific examples of how they assisted government workers to improve their services.

In addition to increased capacity at the local level, there were numerous examples of lessons learned that were incorporated into national policy/strategies:

- One Child Survival Grant recipient in Bolivia helped to develop the present national health information system in the mid-1980s during a Child Survival I grant and has continued to work with the government in modifying the system and improving the use of data for decision-making.
- Child Survival projects in Bolivia have influenced the treatment protocols and strategies for ARIs, diarrheal diseases, immunization, and other conditions used in government health facilities throughout the country. This includes ways of classifying the severity of respiratory infections, identifying danger signs, and developing strategies to follow-up patients. PVOs also have field-tested the new strategies in their respective working areas. Similarly, in Bangladesh the Director of Primary Health Care (PHC) for the national government said that a PVO helped the government to refine the treatment schedule and protocols for ARIs.
- When one PVO's Child Survival project ended in 1988, lessons learned with regard to rural water systems were shared with government workers in a workshop. The PVO worked with the government to develop new policies and manuals. The government in 1994 published the manuals. Rural water laws were changed in 1999 to support the policies. In January 2000, regulations were published to support the new laws. The PVO assisted the government throughout this entire process.
- A Child Survival Grant recipient in Bolivia helped to adapt the World Health Organization's strategy of the Integrated Management of Childhood Illnesses to

the community level and field-tested the strategy for national implementation in Bolivia. The Director of Mother-Child Health in Bolivia said that PVOs/NGOs have helped the government to develop other training and health education materials as well, according to government norms. Materials have been developed in simple language for use with CHWs and Auxiliary Nurses, especially in rural areas, including flipcharts, forms, posters, and other materials. In Bangladesh, one PVO developed materials to train 20,000 Health Assistants throughout the country in Vitamin A.

PVOs/NGOs and government officials alike were asked for examples of what they considered to be innovative in PVC-funded Child Survival Programs. Those interviewed mentioned the following:

- Programs and materials for mobilizing village children for health services which included games.
- Promoting the idea of the proper role of NGOs to act as catalysts and facilitators of government services.
- Providing different role models for women. Women can become field workers. Women supervisors have become acceptable on motorcycles, an idea which used to be culturally alien.
- Setting up local level committees where government officials and community members could participate resulting in intensive and active community participation.
- Integrating micro-credit programs with health, an approach found by several NGOs to be more effective than health programs alone. Without micro-credit, community members could not apply some of the things they learned, especially with regard to water and sanitation.
- New techniques to assist communities in diagnosing community problems and suggesting solutions.
- Quality circles, based upon the Japanese model, used especially to decentralize decision making.
- Written, pictorial formats (i.e., comic books) for feeding back evaluation information to communities.
- Groups of "Vigilant Mothers" trained to monitor the weight of children and promote breastfeeding and weaning diets using culturally-adapted technologies. Colored yarn is placed on each child's growth chart according to his/her nutritional status. During group meetings, mothers place a doll, which represents her child, on the Bolivian flag (red, yellow, and green) according to the color of

the yarn on the growth chart. Mothers with children in the red or yellow are counseled by other mothers to improve the growth of their child, and mothers demonstrate how to prepare foods.

4.3 Community Sustainability

Interviewees were asked whether community organizations continued to meet and whether volunteers continued to work after PVC funding ended. The PVOs/NGOs that continued services generally had very detailed information about the community committees which met at the time PVC funding ended and at the time of the interview as well as the numbers of CHWs still providing services. Three of the PVOs in Bolivia and three in Bangladesh worked in areas where the number of community committees and volunteers trained to work in the communities are nearly the same now as when project funds ended. All these areas are ones in which the organization continues to provide services.

Wherever the organization did not maintain a presence, most of the organizations that had been created under the Child Survival Grant stopped meeting. In two of three site visits, community leaders and former heads of community-based organizations, such as the Presidents of Mother's Clubs, stated that their major inducement for meeting had been to obtain Title II food donations that were given as an incentive to participate in child survival activities. When the project ended and food donations were no longer given, they no longer continued meeting. In one site visit, those organizations which had met before the child survival project began and which worked in multi-sectors continued to meet as before the project. There were no successful examples of service delivery organizations that were able to successfully turn over training and supervision of community volunteers to the MOH, although many considered this to be the foundation of their sustainability design. In one case, the consultant visited a project where, according to the final evaluation report, everything was in place for the MOH to assume training and supervision of CHWs. CHWs in the area had stopped most of their activities within about four months of the time funding ended.

One PVO conducted a study of the duties which CHWs were performing two years after the end of their grant compared to when the grant had ended. The study was largely based on interviews with former CHWs. They found that CHWs were performing some activities, largely with regard to curative care. (See also Section 4.4.) They found also that what the CHWs said they had been doing at the end of the Child Survival Grant bore very little resemblance to what the final evaluation project document said the CHWs had been doing.

In one disappointing case, a child survival project which had had one of the strongest working relationships with the community had a short break in most activities followed by a new startup with private funding and all new staff. They lost the community in the process.

4.4 Benefit/Impact Sustainability

Unfortunately, sustained benefits and impact in the communities takes effort and funding in order to demonstrate; therefore, only in those cases where PVOs/NGOs had been able to formally assess the sustainability of their projects was this information known. For those PVOs/NGOs which had collected information to demonstrate sustainability:

- A PVO in Bangladesh conducted the best assessment of sustained impact in the community. (See case study in Appendix 2). The PVO, which had provided assistance to strengthen government services, conducted a community survey to look at mother's knowledge of health education issues and practices four years after most assistance had ceased. The mothers demonstrated much better health knowledge four years after than did mothers in adjacent communities used for comparison.
- A PVO in Bangladesh assisted the government to develop a Vitamin A distribution strategy for urban areas and to develop materials used to train 20,000 health assistants throughout the country. Vitamin A distribution is now effectively institutionalized within government health services in rural and urban areas nationwide.
- As mentioned, one project in Bolivia did a sustainability study of CHWs two years after the project ended. The study found that the majority of CHWs were still providing some health services in their communities, especially for sick children, but that their activities were greatly reduced.
- One Bolivian PVO, which had received Child Survival funding, conducted a community survey in its project area two years after services had been discontinued. It found that proper knowledge of how to treat children with diarrhea had been maintained in the communities. Two years after activities ceased, 92 percent of mothers could still explain how to prepare oral rehydration solution.
- A Bolivian PVO that conducted a new baseline survey with substantial overlap with old communities found that oral rehydration therapy use had been sustained. At baseline, 47 percent of mothers had used oral rehydration therapy the last time their child had diarrhea compared to 77 percent at the end of the PVO's Child Survival project and 71 percent in the survey conducted two years after the end of the project.

These results suggest that benefits and impact do sustain at the community level in some cases after funding and project activities cease.

5. METHODS FOR ASSESSING SUSTAINABILITY

5.1 How PVOs/NGOs Have Assessed Sustainability

Four of the PVOs included in the study had conducted their own sustainability study from two to four years after the ending of PVC funding.

- CARE/Bangladesh had a rather innovative project design that supported both sustainability and the measurement of sustainable impact in the project area four years after PVC funding ended. (See Appendix 2 for a case study of the design of CARE/Bangladesh's Child Survival Grants.) Four years after funding (and most project activities) had ended, the PVO conducted a comparative KPC study in the communities in which it had administered a Child Survival VII grant, the communities in which it had administered a Child Survival XI grant, and nearby communities in which it had not implemented any project activities. Funding for the study was built into the Child Survival XI grant.
- A PVO in Bolivia, with funding from USAID/La Paz and PROCOSI, contracted with a private research firm for a sustainability study conducted two years after its Child Survival I project was completed and almost all project activities had ceased. The research firm conducted a knowledge, attitude, and practice (KAP) survey in a sample of communities. The study provided information on the knowledge of mothers in the communities studied two years after compared to KAP studies conducted at mid-term and end of the child survival project.
- A PVO working in the Bolivian altiplano continued project activities for two years, using private funding. After two years it conducted a KPC survey in a portion of the old project area using its own funds. The study used similar methodology and many of the same variables which were included in the KPC survey conducted as a component of the final evaluation of the USAID-funded child survival project. Many of the resulting data, therefore, were directly comparable.
- Four years after PVC funding had ceased, it conducted a baseline for a new project in an area where an estimated 80 percent of the communities were included in its former PVC-funded project. The second survey used Lot Quality Assurance Sampling (LQAS) techniques, and many questions were different as the planned project activities had changed somewhat. Many variables were not comparable.
- A Bolivian PVO sponsored a graduate student who spent several months with the organization at two locations to study the sustainability of CHW activities. The student produced a very complete and insightful document with some quantitative and qualitative data on changes in activities conducted by CHWs at the end of a Child Survival I grant and two years after most PVO support had ceased. (The student researcher felt it more accurate to compare what the CHWs said they did

at the end of the project period and two years later, at the time of his interview with them, rather than to compare what they said to what was shown in project documents.)

5.2 How PVC Can Assess Sustainability on a Global Level

One of the purposes of the exploratory study is to provide information to assist with the design of a larger PVC program-wide approach to measuring post-grant sustainability. Some of the following ideas for a program-wide approach have come from those who participated in the Sustainability Dialogue on March 20. They are given as examples of ideas which can be explored in improving the measurement of post-grant sustainability:

- PVC could develop a self-assessment tool for PVOs/NGOs to self-assess the sustainability of their programs two-three years after PVC funding has ended. The tool could contain sections to report on the situation in the former project catchment area as well as to report capacity built within the PVO. The tool would need to be objective enough to provide valid and reliable data.
- Projects could be randomly selected worldwide from within a cohort of Child Survival Projects. Then an evaluation of post-project sustainability could be conducted using a team composed of individuals already in-country. The team could be composed of representatives of the host government, the USAID Mission, the PVO, and/or PVOs with similar programs.
- Surveys could be conducted using LQAS techniques, in the former catchment areas of projects randomly selected worldwide and in a nearby and comparable control area where no activities were conducted. Such a survey would require only 38 interviews to produce data that could be used to compare coverage in the two geographic areas. The USAID Mission or USAID-Washington could contract for the LQAS surveys to be conducted by PVO staff already trained in LQAS techniques.
- PVOs/NGOs, in some cases, could produce meaningful service statistics for its former working area for the year PVC funding ended and two or three years after. Although comparison of MOH data for two time periods would not be a valid approach in cases where the MOH information system may have been heavily supported by the PVO/NGO during the project period, the most reliable and valid data could be compared. For Bolivia, service statistics on children fully covered for immunization are considered to be valid and reliable enough to use as a possible indicator of sustained community demand or sustained coverage.¹ (This service statistic is available at the local level, even down to specific institutions, on the website <http://166.114.32.66/> for the years 1996-99.)

¹ Mr. James Newton Browder, Program Official, Management Sciences for Health, interview, March 1, 2000.

APPENDIX A

CASE STUDIES

Community Health Workers (CHWs) Create Their Own NGO

At the end of Project Concern International's (PCI) Child Survival VII grant from PVC, PCI decided that it should reduce activities substantially in its working area in Oruro. However, it had many trained and committed CHWs in the Oruro area, and wanted at least some of their activities to continue.

Under the Child Survival Grant, PCI had assisted the CHWs to form an association called APROSAR (Asociación de Promotores de Salud del Area Rural). In 1994, PCI applied for and received funding from PROCOSI to "transfer activities" to APROSAR. Since that time, PCI has continued to give technical assistance to APROSAR to form an independent NGO, apply to donors for funding, and manage the projects subsequently funded.

Since becoming an independent NGO, APROSAR has applied for and received funding from the Government of Japan to build a clinic to provide basic health care services as well as to provide an appropriate setting for training new CHWs. APROSAR also received funding from PROCOSI in 1996 for a reproductive health program and in 1999 for tuberculosis control.

The General Manager of APROSAR is a former CHW. Most staff are also former CHWs. In addition, the NGO has about 50 volunteer CHWs working in its clinic and community-based programs. Its CHWs work in all provinces of Oruro Department. They do not receive any payment other than to cover training expenses.

APROSAR is frequently cited by representatives of government and of other PVOs/NGOs as an outstanding example of the sustainability of activities that began under a PVC-funded Child Survival Grant.

Child I and II: Innovative Projects Designed to Last

CARE/Bangladesh built sustainability into the design of its CHILD I and CHILD II Projects from the very beginning, and the results are in. The impact on health knowledge and improved health practices have been sustained for four long years.

In 1991, CARE was awarded a Child Survival VII grant for CARE I to be implemented in five thanas (sub-districts) in Sylet Division, a remote area of northeastern Bangladesh which is known for the lowest immunization rates in the country and for having a high proportion of women in purdah. CARE used a strategy which it had earlier tested in the Tika Project in Khulna and Barisal. It delivered no direct services. Rather, CARE staff was assigned to work in an office in each of the five Thana Health Complexes to offer

assistance in strengthening government services. All work was delivered through government health facilities and by government trained and supervised CHWs. CARE recruited no additional service delivery workers. CARE provided on-the-job training for workers, improved supervision systems, and assisted the government to collect quality data and use it in making decisions. The results were impressive. Complete coverage of children for immunization increased from 6 percent to 54 percent by 1995. Use of oral rehydration therapy (ORT) for children under two with diarrhea increased from 39 percent to 54 percent. The percentage of children under two receiving Vitamin A in the previous six months increased from 16 percent to 74 percent. Contraceptive use doubled.

In 1995, CARE began its Child Survival XI grant, CHILD II. CHILD II was implemented in three thanas in Sylet Division nearby the CHILD I area. Funding was built into CHILD II to monitor the CHILD I phase-out. One staff person remained in each of the five CHILD I thanas until 1997. In 1997, CARE withdrew all staff from two of the thanas, the two strongest, and maintained one staff person in each of the remaining three thanas.

In February, 2000, CARE conducted a KPC survey in all 11 thanas of the division in order to compare the impact in CHILD I, CHILD II, and remaining thanas where no program had been implemented by CARE. The results clearly demonstrated the sustained impact of CARE's program in CHILD I thanas four years after the project had been completed. A total of 79 percent had had their children fully immunized, compared to 91 percent in CHILD II thanas and 56 percent in control thanas. The majority of women in the CHILD I catchment area still knew how to properly manage cases of diarrhea, and only 9 percent had a child who had had diarrhea in the two-week period before the survey compared to 16 percent of mothers in adjacent control communities. The proportion of women receiving two doses of tetanus toxoid (TT) during their last pregnancy was 78 percent in CHILD I areas, 88 percent in CHILD II areas, and a much lower 65 percent in non-CHILD areas. Knowledge had also been sustained. For example, 59 percent of the mothers in the former project area knew that Vitamin A prevented night blindness compared to 79 percent in CHILD II thanas and 45 percent in control thanas. Sustainability was built in from the beginning: and it shows.

APPENDIX B

SYNOPSIS

The United States Agency for International Development (USAID), Bureau for Humanitarian Response (BHR), Office of Private and Voluntary Cooperation (PVC) committed itself to a field review of post-grant sustainability once during the life of the PVC Strategic Plan (1996-2000). In February-March, 2000, a consultant was contracted to do an exploratory study of the sustainability of Child Survival Grants in two countries.

The exploratory study included interviews with health directors and other staff of private voluntary organizations (PVOs) and their non-governmental organization (NGO) partners in Bolivia and Bangladesh that had received Child Survival funds through the PVC Child Survival Grant Program at any time since the program began in 1985 and whose grant funds had ended by 1997. Interviews were also conducted with government officials in each country.

In Bolivia, eight organizations had received a total of 22 Child Survival Grants that had been completed by 1997. Of these, five were country offices of a U.S. registered PVO, and three were local NGO partners. In Bangladesh, five U.S. registered PVOs and one local NGO partner had received a total of 13 Child Survival Grants that ended by 1997.

It is hoped that this review of the experience with 35 grants in two countries in separate regions will provide a good indication of whether Child Survival Grant Programs are having a lasting influence on child and maternal health as well as suggest ways in which sustainability and the monitoring of sustainability can be more institutionalized within the Child Survival Grants system.

The review found the sustainability of Child Survival projects to be strong in both countries, with many project activities continuing, even as long as ten years after PVC funding had ceased. Some PVOs demonstrated sustained impact in communities from two to four years after PVO-initiated activities have been discontinued. The capacity built through the Child Survival process resulted in PVOs beginning activities in new countries, a new NGO being created, strengthened monitoring and evaluation and other activities within both PVOs receiving grants and other PVOs/NGOs throughout the two countries. In addition, lessons learned became institutionalized as part of national policies and strategies within each country's Ministry of Health.

Interviews focused upon five types of sustainability:

- Financial: Was the PVO/NGO able to obtain funding from another source to continue project activities? Has the PVO/NGO been able to shift funding from the U.S. federal government to the host government, other international donors, or private donors? Has there been any significant cost recovery?
- Organizational: Did the organization grow as a whole as a result of its participation in the Child Survival Grant Program?

- **Technical and Managerial:** Have new networks been developed to technically strengthen Child Survival activities? Have PVOs/NGOs continued to use technical approaches learned under the Child Survival Grant Program? Have PVOs/NGOs without Child Survival Grants learned from those organizations with them? Has national or local government implemented/adapted lessons learned from Child Survival projects?
- **Community:** Have the community structures created or reinforced under the Child Survival Grant Program continued to function?
- **Benefit/Impact:** Has increased/improved knowledge in the community been sustained resulting in continued demand for services, better home care for ailing family members, and more effective preventive behaviors? Have end-of-project levels of coverage for vaccination and other interventions been maintained?

These five categories encompass the types of sustainability encountered in interviews in Bolivia and Bangladesh. The programs reviewed had very different designs, interventions, and working environments. While most of the programs reviewed had some degree of sustainability in each of the five areas, the relative importance of each varied. Financial sustainability was stronger in Bangladesh with many grant recipients being able to continue project activities with private funding after their Child Survival Grant ended. In Bolivia, technical and managerial sustainability was stronger with concrete examples of lessons learned becoming a part of the national Ministry of Health strategies and with new NGOs and coordinating organizations being created through the Child Survival Grant mechanism.

Major examples of sustainability in each of the five categories include:

- **Financial:**
 - Of eight PVOs in Bolivia with Child Survival Grants that have ended, five continued activities in the project area for an average of two years. Three continued activities with a follow-on project funded by USAID through PROCOSI. One obtained private child sponsorship funds to continue activities, and one has a grant extension from PVC. Of the remaining three organizations, Child Survival activities were greatly expanded in the former working area of one PVO by other service providers, and some Child Survival activities were continued in the working areas of the other two PVOs provided by other PVOs/NGOs and government.
 - Of six PVOs/NGOs in Bangladesh, three organizations continued most Child Survival services with private funds, and one continued activities in half its former working area with private funds. Two of these organizations used child sponsorship funds, and two used funds from churches and other sources. The other two PVOs had provided technical assistance to the government but had provided no services of their own. In

both cases, the PVO has documented the continued impact of their assistance.

- Of the eight PVOs/NGOs in Bolivia, at least three are now less dependent upon USAID for funding. In Bangladesh, three of the six PVOs are less depended upon USAID.
- In only one case did the loss of PVC funding seriously decrease the ability of the PVO to function for a time. Many PVOs/NGOs cited that their experience with the Child Survival Grant process had helped them to obtain alternative funding.
- There was little significant cost recovery in Bolivia where government policy does not support it. In Bangladesh three of the six organizations reported from 30-40% recovery of recurrent costs. Only one of the PVOs providing direct services did not have a cost recovery policy.
- Organizational:
 - In Bolivia, three PVOs/NGOs used their Child Survival Grants to begin work in the country for the first time. All three have remained and expanded their programs.
 - One PVO in Bolivia assisted its volunteer community health workers (CHWs) first to begin a CHW association and later to begin a new NGO. The NGO, now directed by a former volunteer, secured funding from PROCOSI for activities in reproductive health and tuberculosis control and funding from the Government of Japan to build a clinic and training center that is now operating.
 - One PVO began its first Child Survival project in the Asia Region in 1988 with a grant from PVC. Since then, it has had 32 Child Survival projects funded by PVC in the region. All but one of these has continued at least some health activities with largely private funding after PVC funding ended. Many other child survival projects were started in the region with funding by other government donors (Korea, Canada, Australia). Four of these are in Bangladesh.
- Technical and Managerial:
 - The USAID-funded PROCOSI network in Bolivia has helped to share lessons learned from the Child Survival Grants program to both recipients and non-recipients of Child Survival Grants and has helped the government extensively in developing and adapting training and health education materials for acute respiratory infections, diarrheal diseases, and immunization that are used by health workers at the national level.

- One Child Survival Grant recipient in Bolivia helped to develop the present national health information system in the mid-1980s and has continued to work with the government in modifying the system and improving the use of data for decision-making.
- Child Survival projects in Bolivia have influenced the treatment protocols and strategies for both acute respiratory infections and for diarrheal diseases used in government health facilities throughout the country. This includes ways of classifying the severity of respiratory infections, identifying danger signs, and developing strategies to follow-up patients. PVOs also field-tested the new strategies. In Bangladesh, a PVO helped the government to refine the treatment schedule and protocols for acute respiratory infections.
- Thousands of government workers in both Bolivia and Bangladesh have received training conducted by PVOs/NGOs in both curative and preventive health care and in management. In the process, these workers learned participatory training strategies.
- When one PVO's Child Survival project ended in 1988, lessons learned with regard to rural water systems were shared with government workers in a workshop. The PVO worked with the government to develop new policies and manuals. The government in 1994 published the manuals. Rural water laws were changed in 1999 to support the policies. In January 2000, regulations were published to support the new laws. The PVO assisted the government throughout this entire process.
- One Bolivian PVO was able to learn a systematic approach to combining water and sanitation with Child Survival services through its Child Survival Grant. Since its Child Survival Grant, the PVO has had seven more water and sanitation projects and has incorporated some Child Survival interventions into each. Many other PVOs/NGOs have integrated Child Survival activities into projects in other sectors, such as food security and micro-credit.
- A Child Survival Grant recipient in Bolivia helped to adapt the World Health Organization's strategy of the Integrated Management of Childhood Illnesses to the community level and field-tested the strategy for national implementation in Bolivia.
- In Bangladesh, a PVO helped the government to refine the treatment schedule and protocols for acute respiratory infections.
- Community:

- Three of the PVOs in Bolivia and three in Bangladesh worked in areas where the number of community committees and volunteers trained to work in the communities are nearly the same now as when project funds ended.
- Benefit/Impact:
 - One project in Bolivia did a sustainability study of CHWs two years after the project ended. The study found that the majority of CHWs were still providing some health services in their communities, especially for sick children.
 - One Bolivian PVO, which had received Child Survival funding, conducted a community survey in its project area two years after services had been discontinued. It found that proper knowledge of how to treat children with diarrhea had been maintained in the communities. Two years after activities ceased, 92 percent of mothers could explain how to prepare oral rehydration solution.
 - A PVO in Bangladesh, which had provided assistance to strengthen government services, conducted a community survey to look at mother's knowledge of health education issues five years after most assistance had ceased. The mothers demonstrated much better health knowledge five years after than did mothers in adjacent communities used for comparison. For example, 59% of the mothers in the former project area knew that Vitamin A prevented night blindness compared to 45% in adjacent communities. The majority knew how to properly manage cases of diarrhea, and only 9% had a child who had had diarrhea in the two-week period before the survey compared to 16% of mothers in adjacent communities. A total of 79% had their children fully immunized versus 56% in adjacent communities.
 - A PVO in Bangladesh assisted the government to develop a Vitamin A distribution strategy for urban areas and to develop materials used to train 20,000 health assistants throughout the country. Vitamin A distribution is now effectively institutionalized within government health services in rural and urban areas nationwide.

Interviewees made some suggestions for changes in the Child Survival Grant Program, as follows:

- One NGO director believed that the short time frame of the project and the competitive nature of Child Survival Grants forces PVOs to adopt non-sustainable

strategies to increase health coverage quickly. He felt that longer-term projects with lower coverage goals would be more sustainable.

- Two organizations recommended that USAID provide funding for more curative care and for health care to men and older children to improve sustainability.
- One suggested that USAID require a sustainability plan to be completed one year before funding is scheduled to end.

APPENDIX C
SCOPE OF WORK
POST-GRANT SUSTAINABILITY STUDY

I BACKGROUND

The concept of "sustainability" is central to PVC's strategic plans. The strategic objective clearly states that the Office will be accountable for increasing the ability of PVOs to achieve sustainable service delivery. Thus strong sustainability management and accurate measurement are critical to demonstrating the achievement of this objective.

The Strategic Plan established two concepts to be measured (1) continuation of program activity after the termination of the grant and (2) the existence of local support for these activities. However, the approach used to measure the first indicator *"% of PVC-supported PVO projects that are still providing services two years after the end of PVC support"* had major methodological problems. Recognizing that it was unlikely that the data that PVC reported on in the annual Results Report (1996) was neither reliable nor representative of PVC's grant portfolio, the Office discussed with a small number of PVOs several options for getting a more realistic and meaningful estimate of sustainability. While there was general agreement that PVC, as well as the PVOs, needed to address sustainability as an issue, the indicator that PVC was using was seen as too narrow - encompassing only service delivery. As many of PVC's grants focus on organizational changes or adoption of state-of-the-art technical or management approaches, measuring if services are still being delivered does not capture critical changes that effect organizational or technical capacity that are the foundation of better quality services; a critical element in sustainability. If PVC continued to measure post-grant sustainability, then the following three points would need to be addressed:

- (1) The indicator language needed to be broadened to reflect the adoption and continued use of program inputs in the form of new approaches, systems or technologies, as well as the continuation of services.
- (2) The data collection burden needed to be balanced. The cost of collecting data on post-grant sustainability is potentially high and is potentially onerous for both the PVOs and PVC. There was particular concern about the capacity of small PVOs or new grantees to collect information two years after the end of a grant
- (3) Sustainability data and information needed to have sufficient programmatic "depth" to allow program managers to make operational changes and to more effectively manage for sustainability.

At the end of the review of our options PVC determined that the feasibility of measuring post grant sustainability on a yearly basis was not within the management capacity of the office.

However the Office committed itself to doing a field review of post-grant sustainability at least once during the life of the PVC Strategic Plan (1996-2000). In addition PVC would put into place operational changes within the various grant programs that would allow us to document if the foundations for sustainability were in place at the end of the cooperative agreement. For example, the final and midterm evaluations would be reconfigured to produce information on the number and percent of PVOs that have achieved their sustainability objectives.

II PURPOSE OF THE ASSESSMENT

This assessment is part of a larger analytic agenda that is designed to provide PVC with supplementary information that will support existing data on PVC's strategic objectives. This assessment is the first part of a two-step process. In this preliminary assessment PVC will look at post-grant sustainability, in two countries (Bolivia and a second country to be determined). The study will look at program areas three years or more after the completion of the grant. This information will be used to:

- ◆ Document post grant sustainability in PVC's annual Results Review and Resource Request (R4).
- ◆ Design a larger PVC program-wide approach to measuring post-grant sustainability.

There is anecdotal evidence that the PVOs have over the years build the capacity of local partners that is the key to sustainability. While documentation of results of these capacity building approaches is far less common, the PVO community is both concerned with and addressing this issue. The CORE network, a consortium of PVOs delivering health and child survival assistance, has as part of their operational objectives a commitment to advancing national and global policies and practices that improve maternal and child health programs within and outside the PVO community. Basic program issues, such as sustainability, are addressed within CORE via the coordination and support of working groups. PVC and the CORE group will collaborate on this sustainability assessment. PVC will provide additional funds to provide the services of a consultant to work conduct the field assessment and analysis

The following are a set of sustainability questions that the assessment is seeking to answer:

- ◆ Have **program effects been sustained?** What percent of the organizations (PVOs and their local partners) have maintained the process or systems developed under the cooperative agreements? Specifically:

Continuation of services. Have the systems that supply services been maintained? What percent of the programs have government/local providers or

NGOs taken over program activities and maintained services? Criteria for judgment could include:

- service delivery points offering CS intervention are sustained
- services or coverage has been maintained (within a range);
- Service providers continue to be trained
- Supplements (Vit. A etc.), or essential drugs and products continue to be supplied
- behavior change agenda remains in place and operational

Organizational Sustainability. Has the capacity of local partners strengthened under the cooperative agreement resulted in to better planning or implementation of activities. Criteria for judgment could include:

- community associations or networks that were formed have survived and are still functioning
- PVOs have maintained partnerships with facilities (local govt)
- PVOs and local partners are able to raise their own funds, funding is diversifying resources and/or financial planning continues, private resources continued to be mobilized
- organizations remain innovative

Continued use and upgrading of interventions or approaches. What percent of the program partners continue to use the approaches, tools or techniques introduced by the cooperative agreement? Criteria for judgment could include:

- treatment protocols remain in use (i.e., case management of childhood illness standards still use or treatment of malaria in facilities continues using international standards)
- the community is still practicing health behaviors, appropriate health care seeking attitudes etc,
- systems (supervision, logistics, HIS, training etc) for supporting CS interventions continued are maintained or improved

Continued Community Demand. In what percent of the program areas is there still a sense of ownership by the community and health service organizations? Criteria for judging if there is continued demand for project services could include:

- Communities still have functioning health committees
- Community based programs still support primary health care
- cost recovery is still functioning

III STATEMENT OF WORK

The consultant will work with the CORE group and the PVC's R4 team to:

1. Participate in a working meeting with CORE management, the sustainability working group, CSTS and PVC to:
 - develop consensus on a working definition of “post-grant sustainability,” and focus the questions to be addressed in this assessment
 - identify the cooperative agreement to be assessment
 - agree on a rapid assessment approach to assessing post-grant sustainability in the two countries identified
2. Construct a sampling frame and develop an interview guide that will produce consistent information across both countries
3. Conduct a field assessment in two countries to document the post-grant effects of the cooperative agreement. Analyze the data.
4. Provide PCV with a draft of a short written report tailored for the R4 report. Provide CORE with a larger more developed report for use by CORE and its working groups.

The total LOE for the assessment is estimated at 40 days: sections #1 and #2 (above) are estimated at 6 working days; the field assessment component, section #3 is estimated at 28 days, and section #4 is estimated at 6 working days.

V Consultant

The consultant will have an advanced degree in public health, experience working with PVOs and NGOs experience, and evaluation or research experience. Advanced proficiency in Spanish is required.

VI Schedule

The field assessment will be conducted in February/March 2000
The report to PVC will be delivered no later than March 17, 2000
The report to CORE will be delivered by April 15, 2000

APPENDIX D

CONTACT INFORMATION

Grant	U.S.	Bolivia/Bangladesh
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